

Privacy Board Review Summary Sheet

Date:

Name of requestor:

Affiliation/title of the requestor:

Title of the research study:

Data requested:

Brief description of the study:

(Did the requestor demonstrate)

- Potential benefit to benes or the CMS Programs
- Need for identifiable data
- Impossible/impracticable to obtain patient consent
- Minimal risk to bene's privacy if data is disclosed
- **Need to contact beneficiaries via Beneficiary Notification Letter**

Notes / Comments:

Privacy Board's Decision:

Signature of Board Member: